

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <u>MR</u>	FIRST MI	<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b>  <b>APR 25 2019</b>  <b>OFFICE OF CITY SECRETARY</b>  Date Hand-delivered or Date Postmarked <u>4/25/19</u> Receipt # <u>AS 41872</u> Amount \$ Date Processed Date Imaged
	NICKNAME	LAST SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1111 La Paloma Ct.</u> <u>Southlake, TX 76092</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817)</u> <u>733-7191</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS <u>MR</u>	FIRST MI	
	NICKNAME	LAST SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>566 N. Kimbell Ave</u> <u>Suite 120</u> <u>Southlake, TX 76092</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(214)</u> <u>205-7495</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <u>4 / 4 / 19</u> THROUGH <u>4 / 26 / 19</u>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>05 / 04 / 2019</u> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	<u>city council - place 3</u> <u>Southlake</u>		<u>city council - place 3</u> <u>Southlake</u>
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Chad Patton

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☒ SPECIFIC

COMMITTEE NAME

MetroTex Association of Realtors, Inc.

COMMITTEE ADDRESS

8201 N. Stemmons Fwy  
Dallas, TX 75247

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ ~~2000.00~~

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 17000.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 249.27

4. TOTAL POLITICAL EXPENDITURES

\$ 11,662.47

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

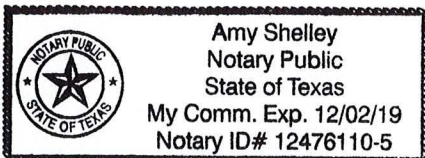
\$ 5,337.53

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Chad Patton

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chad Patton, this the 25<sup>th</sup> day of April, 20 19, to certify which, witness my hand and seal of office.

Amy Shelley

Signature of officer administering oath

Amy Shelley

Printed name of officer administering oath

City Secretary

Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

Chad Patton

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,000.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,662.37
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Chad Patton

3 Filer ID (Ethics Commission Filers)

4 Date

4/7/19

5 Full name of contributor

Tom Vecchio

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

150.00

6 Contributor address;

City; State; Zip Code

1001 Quzil Run Southlake, TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/19

Full name of contributor

Bill Stonaker

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1481 E. Dove Rd Southlake 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/19

Full name of contributor

Curtis Green

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2401 Handley Edenville Rd Ft. Worth TX 76118

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Chad patton

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/19

5 Full name of contributor

Gregg Formella

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

150.00

6 Contributor address;

City; State; Zip Code

705 Deer Hollow Boulevard Southlake 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/17/19

Full name of contributor

Eric Beal

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1595 N. Pearson Ln. Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/19

4/8/19

Full name of contributor

Kris Kristynik  
Curtis Greenup

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2000.00

Contributor address;

City; State; Zip Code

137 Welford Lane Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/7/19

Full name of contributor

Sharen Wilson

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

P.O. Box 282  
Fort Worth TX 76101

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Chad Patton

3 Filer ID (Ethics Commission Filers)

4 Date

4/5/19

5 Full name of contributor

Paul Spain

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

2200 Estes Park

Southlake, TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/6/19

Full name of contributor

Randy Williamson

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

705 Castle Rock

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/6/19

Full name of contributor

Jill Lannen

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

1214 Wyndham Hill Ln.

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/19

Full name of contributor

Tina Arden

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

302 Donley Ct.

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/4

2 FILER NAME

Chad Patton

3 Filer ID (Ethics Commission Filers)

4 Date

1/31/19

5 Full name of contributor

Payton Mayes

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

1715 Terra Bella

Southlake, TX 76092

8 Principal occupation / Job title (See Instructions)

partner

9 Employer (See Instructions)

Cephas Partners

Date

1/31/19

Full name of contributor

Anthony Bruster

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

300.00

Contributor address;

City; State; Zip Code

715 Aberdeen Way

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

partner

Employer (See Instructions)

Cephas Partners

Date

2/6/19

Full name of contributor

Carl Bunch

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

10,000.00

Contributor address;

City; State; Zip Code

714 Longford Dr.

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

Reliable Rebar

Date

2/5/19

Full name of contributor

Susan Michaelis

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

516 Cascade Springs

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/4
2 FILER NAME Chad Patton		3 Filer ID (Ethics Commission Filers)
4 Date 1/25/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Webb 6 Contributor address; City; State; Zip Code 556 N. Kimball, Suite 120 Southlake, TX 76092	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Legacy Foundation
Date 1/30/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrick Hunt Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Benco Dental
Date 2/20/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frances Shari Contributor address; City; State; Zip Code 302 Timberlake Southlake, TX 76092	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/20/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARL & MARY LEE ALFORD Contributor address; City; State; Zip Code Southlake TX 76092	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

314

2 FILER NAME

Chad Patton

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/19

5 Full name of contributor

Brenda Forman

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City: State: Zip Code

201 Sheffield

Southlake, TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/19

Full name of contributor

Jonathan Young

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City: State: Zip Code

1115 La Paloma

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Hci Construction

Date

4/1/19

Full name of contributor

Dudley Jordan

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City: State: Zip Code

Southlake TX, 76092

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

The Jordan Law Firm, PLLC

Date

4/1/19

Full name of contributor

Richard Wilkerson

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City: State: Zip Code

1399 Province Lane Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

414

2 FILER NAME

Chad Patton

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Donald Reukema

6 Contributor address;

City; State; Zip Code

908 Shadywood Southlake, TX 76092

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>chad patton</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/16/19</i>		5 Payee name <i>Head International Solutions</i>			
6 Amount (\$) <i>\$ 4,483.77</i>		7 Payee address; City; State; Zip Code <i>Arlington, TX</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>chad patton</i>		Office sought <i>place 3-southlake city council</i>	
Date <i>2/21/19</i>		Payee name <i>Scratch Kitchen</i>			
Amount (\$) <i>\$585.58</i>		Payee address; City; State; Zip Code <i>Southlake, TX 76092</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2/22/19</i>		Payee name <i>Jortanne Severson Photography</i>			
Amount (\$) <i>250.00</i>		Payee address; City; State; Zip Code <i>Abbeiden Way, Southlake, TX 76092</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Chad Patton</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/16/19</b>	5 Payee name <b>Fox Owl</b>
--------------------------	--------------------------------

6 Amount (\$) <b>\$ 278.00</b>	7 Payee address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/24/19</b>	Payee name <b>H3LO Strategies</b>
------------------------	--------------------------------------

Amount (\$) <b>\$ 3,165.62</b>	Payee address; City; State; Zip Code <b>P.O. Box 101902 Fort Worth, TX 76185</b>
-----------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract labor Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>cheel patten</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/24/19</i>	5 Payee name <i>Texas Ice Cream</i>
--------------------------	--

6 Amount (\$) <i>\$ 272.90</i>	7 Payee address; City; State; Zip Code <i>Justin, TX</i>
-----------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>4/24/19</i>	Payee name <i>Metro Mailer</i>
------------------------	-----------------------------------

Amount (\$) <i>\$ 1,177.34</i>	Payee address; City; State; Zip Code
-----------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name <i>Costco Flex Youth</i>
------	--

Amount (\$) <i>\$ 1,000.00</i>	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Contributions/Donations</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**